(b) There is no provision in the Drugs (Prices Control) Order (DPCO), 95 for sellers of life saving drugs to submit stocks of life saving drugs to Government/NPPA.

(c) The National Institute of Pharmaceutical Education and Research (NIPER) at SAS Nagar, Mohali, set up by Department of Pharmaceuticals is working with the help of Government's grants on drugs for Tuberculosis, Malaria and Leichmaniasis.

(d) The Government has provided a grant of Rs.15.83 crores to National institute of Pharmaceutical Education and Research (NIPER), to work on drugs for most neglected diseases.

Shortage of vaccines

626. DR. T. SUBBARAMI REDDY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Prime Minister has taken serious note on shortage of vaccines in the country and has urged his Ministry to explain delay in restarting public sector vaccine units;

(b) whether P.M. office has also asked his Ministry explain the reasons for their closure and the status of vaccine shortage due to stoppage of production;

(c) if so, whether in January, 2007 his Ministry has directed closure of vaccine production at Pasteur Institute of Coonoor BCG Vaccine Lab. In Chennai and Central Research Institute in Kasauli; and

(d) if so, what steps are taken to improve shortage of vaccines in the country?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) and (b) PMO sought a Status Note on the report of the closure of the Public Sector Vaccine Institutes. PMO also conveyed that PM had desired setting up of a Committee of Experts to examine the problems faced by the Institutes and suggest measures for compliance with WHO/international manufacturing standards. Pursuant to this, a Committee of Experts under the Chairmanship of DCG(I) was set up in April, 2008 to study, *inter alia*, the existing infrastructure/facilities available with these institutes and explore the feasibility of conversion of existing laboratories into testing laboratories, utilization of the existing facilities for setting up a residential training facility and having some of the vaccine/ante-sera production at these institutes complying with GMP. A Status Note and a copy of the report of the Expert Committee were forwarded to PMO. PMO sought to know the measures taken by Government for making vaccines available and the action taken by the Ministry and the steps taken to strengthen the three institutes.

(c) The Government has not taken any decision to close down the three Public Sector Vaccine Manufacturing Units, namely, the Central Research institute, Kasauli, Himachal Pradesh, the Pasteur Institute of India, Coonoor, Tamil Nadu and the BCG Vaccine Laboratory, Chennai, Tamil Nadu. The manufacturing licenses of these three Institutes were suspended by the Drugs Controller General of India (DCG) (I) in January 2008 since they were not found in compliance with the Good Manufacturing Practices (GMP) as provided under Schedule M of Drugs and Cosmetic Rules, 1940.

(d) Vaccine procurement is being carried out from other PSUs as well as indigenous private sectors to meet the present requirement as projected by the Programme Division on the basis of competitive rates after inviting open tenders. The indigenous private vaccine manufacturers have enough capacity in the country to cater to the requirement of Immunization Programme of the Ministry.

The existing facilities at CRI Kasualt can, be renovated/upgraded to make them Schedule M GMP compliant. The renovation and upgradation work is proposed to be entrusted to the Hospital Services Consultancy Corporation (India) Ltd. who will carry out the work under the Oversight Committee of WHO.

CGHS Beneficiaries

627. SHRI RAMACHANDRA KHUNTIA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) what is the total number of beneficiaries covered under Central Government Health Scheme (CGHS);

(b) whether an Ex-MP having CGHS coverage for whole life had to enroll again in CGHS after getting elected again as Member of Parliament;

(c) if so, whether entitled person and his family member had to be covered second time in the CGHS for getting the same benefit; and

(d) if so, the reasons therefor?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) As on 31.03.2007, there were over nine lakh CGHS card holders involving about 34.11 lakh beneficiaries.

(b) If an ex-MP has obtained a pensioner CGHS card for whole life, then he need not obtain a fresh CGHS card. However, if the MP desires to have a fresh card as a sitting MP, he may be issued a CGHS card meant for sitting MPs upon his surrendering the whole life pensioner card for being kept in safe custody in the CGHS. Instructions have been issued not to recover any subscription for availing CGHS benefits as a sitting MP. After the sitting MP ceases to be a Member of Parliament, he may get back the pensioner CGHS card.

(c) and (d) Do not arise in view of reply to (b) above.

Economic recession and rising health problems

†628.SHRI Y.P. TRIVEDI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether according to Artemis Health Institute, cases of tension in people have increased due to global recession and financial crisis which has further enhanced incidents of high blood pressure and gastro problems;

(b) whether youth are in majority to be affected from it; and

(c) if so, the measures taken by Government to control this problem?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) and (b) No study has been conducted by Artemis Health Institute, Gurgaon to suggest that cases of tension in people have increased due to global recession and financial crisis.

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†Original notice of the question was received in Hindi.